o. COUNTY	ent		MARYLAND	2. USUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY	n: Reside		re odmissi	on)
b. CITY OR TOWN RURAL and give Near Gale	(If outside corporate limi nearest town) na	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		orate limits, write R	URAL ond	give nec	arest town	)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, g N	give street a	ddress)	d. STREET ADDRESS						DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	MARTHA Fi	rst	Middle A.	BANKS'	4. DATE OF DEATH	Octob		28	ğ '	9 59
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIE	DIVORCED	8. DATE OF BIRTH May 25, 1883		9. AGE (In years birthdoy) yrs.	Months	R 1 YEAR Days	Hours	R 24 HF Min.
Housework	TION (Give kind of work orking life, even if retired		n Home	STRY 11. BIRTHPLACE (Stote	or foreign o	country)		S.A.	F WHAT	COUNT
Unknown		EX.		14. MOTHER'S MAIDEN I	NAME					
15. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)		informant ther Matthews	, 526	E.11 St		m. I	Del.	
	EATH (Enter only one co EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	00	for (a), (b), and (c).]	ion of the	He	tro		ONS	ET AND	DEATH
Conditions, if gove rise to couse (a), statin	immediate DUE TO	, C	may ou	leining.	A	- 00		5	-do	7
gove rise to couse (o), stating tying couse los	ony, which immediate by the under-to the und	de d		leuring  of head  T NOT RELATED TO THE TERM  ED. (Enter nature of injury in			EN IN PAI	S RT 1(a) 1	PERFOI YES []	RMED?
gove rise to couse (o), storin lying couse los PART II. C	ony, which immediate gethe under- t. (c)  OTHER SIGNIFICANT CON  WAS UNDERLYING COUNTY MEDICAL EXAMINER)  URY Month, Day, Yes	206. DESCRI	RIBE HOW INJURY OCCURRI		Part I or Par	t II of item 18.)		S RT 1(a) 1	PERFO	RMED?
ZOO. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIN)  20c. TIME OF INJI Hour o. y p. m	ony, which immediate gethe under- t. (c)  OTHER SIGNIFICANT CON  WAS UNDERLYING  CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Day, Yee  1, 19	20b. DESCI 20b. DESCI ar 20d. IN. While work decease 19	URY OCCURRED 20e. P. Nat while of work 4	ED. (Enter nature of injury in LACE OF INJURY (Home, farm clory, street, office bldg., etc., 1957, ta., and occurred at 3 A	Part I or Por	t II of item 18.)  or town)	,that I	(County)	YES THE STATE OF T	(Sto

may be retained by the haspital or attending physician.

O FUNERAL ACTOR: After this certificate has been signed by the attending physician and campletely filled in a the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL Of may be reform TO FUNERAL VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY	Kent		MARYL	LAND	2. USUAL RESIDENCE	(Where deceose ryl and	d lived. If institut b. COUNTY			sion)
	b. CITY OR TOWN RURAL ond give ROCK		ts, write	lifetime		C. CITY OR TOWN		orote limits, write l	RURAL and give	nearest tow	n)
	d. NAME OF HOSP OR INSTITUTION At Home	TAL (If not in hospital, g - Skinner	-			skinner			4		SIDENCE A FARM? NO (1)
7	3. NAME OF DECEASED (Type or print)	Henrie		Elizabetl	n E	lburn	4. DATE OF DEATH	Oct.		959	Year
f	female	6. COLOR OR RACE White	7. MARRIE			Sept. 19	, 1869	9. AGE (In years lost birthdoy) 90 yrs.	Months Da	+	Min.
	10a. USUAL OCCUPAT during mast of wo Housev	ON (Give kind of work of rking life, even if retired)	lone 10b. KI	nd of Business of	R INDUST		o. Mary		USA	OF WHAT	COUNTRY?
	13. FATHER'S NAME	Samuel Jo	iner			14. MOTHER'S MAID Sara	h C. De	eFord			
1	15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of se		none		. John B	oulter	Rock 1	Hall, 1	Md. F	RFD
0	PART I. DE  42 2  Conditions, if gove rise to couse (o), stating lying cause lost	ony, which (b) (b) immediate DUE TO	(4. (a)	ulmin	O TH BUT N	acculor levasion of related to the t	CERMINAL DISEAS	e condition gi	C	PERFC	DEATH
	OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJU  Hour a. m. p. m.	MEDICAL EXAMINER)	While of work [	URY OCCURRED Not while of work	20e. PLAG	(Enter nature of injur EE OF INJURY (Home, iry, street, office bldg.	farm, 20f. (Cit)	or town)	(Cour	saw the c	
/	ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATI REMOVAL (Specify	.)		22c. NAME OF CEME			Hall, M HALL 22d. LOCA	treel, city or lown, aryland  Mut- TION (City, town, - Rock	g lau gr caupty	0/24, Md. (Sto	
	Burial 23. FUNERAL DIRECTO	TO/50 \	003	Wesley C ADDRESS Chestert		240.	REC'D BY REGIS	IRAR 24b. REG	ISTRAR'S SIGNATURE & HE	TURE	

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VS. A15ME(S) SM 9/55

11497 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH  Reg. Dist.	11472 No.
1. PLACE OF DEATH C. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence o. STATE Flordia b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give recored fown)  Rural - Chestertown a vear	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Sarasota - 6 months to the	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)  Tolchester Beach for 20 years	d. STREET ADDRESS 48 X-3	IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF First Middle (Type or print) Edward Wm. Garms	an   Oct. 5, 1959	17
	Nov. 18, 1895 64 yrs. Months Day	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)  Retired Pork Salesman	Pottstown, Pa. US	OF WHAT COUNTRY
13. FATHER'S NAME Frank Garman	14. MOTHER'S MAIDEN NAME Dont Know	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 16. Social Securi	s. Martha Garman Tölchester	
1B. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Coronary Throm  Canditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.		NTERVAL BETWEEN SPASET AND DEATH ONE HOUR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (E	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  nler nature of injury in Port 1 or Port II of item 18.)	PERFORMED? YES NO
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County pry, street, office bidg., etc.)	) (State)
21. I certify that I took charge of the remains described abordeath resulted from: Natural causes Accident , Suid		
EXAMINER'S Robert W. Farr	ASSISTANT MEDICAL EXAMINER	10/5/59
226. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BUTTA COLO. 8, 1959 Morris Cem	Dh ! ! ! ? ? -	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Wellschestertown	n, Md. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA DATE OCT 7'59 Contlan &	

CERTIFICATE OF DEATH		IADIGMA-ROTA	
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D FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haury after again.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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						Reg. Dist.	. No.	
1. PLACE OF DEATH o. COUNTY Ken	t	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Md.	/here deceased	l lived. If institution b. COUNTY	n: Residence Kent		ission)
b. CITY OR TOWN (If RURAL and give ne RURAL Gale)	f outside corporate limits, s arest town) NA	write c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF XRural Gale)		rote limits, write RL	IRAL and giv	ve nearest to	พก)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give	street oddress)	d. STREET ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	NOLAND	Dennis	HACKETT	4. DATE OF DEATH	Mont Octo		Doy 20	Year 19 59
s. sex Male	0-3	MARRIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		9. AGE (In years 69 yrs.		YEAR IF UNI	DER 24 HRS
Butler, Priv	N (Give kind of work don- ing life, even if retired) ate Home	106. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote Md.	e or foreign co	ountry)	U.S	EN OF WHA	T COUNTR
Anthony ]	Hackett		14. MOTHER'S MAIDEN Emma Tops					
	R IN U. S. ARMED FORCES If yes, give wor or dates of service	0)	INFORMANT Irs. Viola Hack	cett,	Addre (	 Galena	, Md.	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	per line for (o). (b). and (c).] Converg 000 Opters scleve	elusian n				INTERVAL E ONSET AN INVESCE 2-3	DEATH_
gove rise to in couse (a), stating t lying couse last.	nmediate (	Degeneration	of the beari	tuin	ocle		2-3	yes
5	ER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART I	PERF	AUTOPSY ORMED?
200. ACCIDENT WAS	CAUSE OF DEATH	D. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJURY Hour a. n. p. m.			PLACE OF INJURY (Home, for foctory, street, office bldg., et		or town)	(Co	unty)	(Stote)
ACTUAL SIGNATURE	at I attended the de		19 , 19 17, to C th accurred at 2 131 M.D. MILL		the causes areet, city or fown, s	nd an the		ted abay
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		ION (City, town, or Galena,	county)	(Sto	ote) Id.
23. FUNERAL DIRECTOR'S	SIGNATURE /	ADDRESS H		TO BY REGISTI		RAR'S SIGN		

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エエジンフ	32			Reg. Dis	t. No.
1. PLACE OF DEATH O. COUNTY  LETT	MARYLAND	2. USUAL-RESIDENCE (W o. STATE Many		f institution: Residence COUNTY	e before admission)
b. CITY OR IOV/N (If outside corporate limits, write RURAL and give gleorest town)	c. LENGTH OF STAY IN 16	x / Luch	outside corporate limits / Fall	s, write RURAL and g	ive nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION)	ddress) /	d. STREET ADDRESS	han-		e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ham	Lost	4. DATE OF DEATH	Mogth Oct. 4	Day Yeor 1959
5. SEX  6. COLOR OR RACE  7. MARRI  WIDOWEI	ED NEVER MARRIED D	gare OF BIRTH	11111	44.4	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.) during most of working life, even if retired)	fuchant Man	Schönb	erg Yun		1. S. A
13. FATHER'S NAME CINKINGUM			NAME	(	1/11
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes. no or unknown) (If yes, give wor or doles of service)	OCIAL SECURITY NO. 17.	selliain F. K	Vamann	Address 18 Baldu	86 N France
18. CAUSE OF DEATH [Enter only one couse per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o). (b). ond (c).]	acelu	sien		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which (b)	Orterio +	Delivasia	0 -		
gove rise to immediate cause (o), stating the under-lying couse last.	sucherle	sio. Emp	lujsems		
Part II. OTHER SIGNIFICANT CONDITIONS CO.  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)  20b. DESC.	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	IINAL DISEASE CONDI	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port 1 or Port II of iter	m 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. While of wark	Not while f	PLACE OF INJURY (Home, farr actory, street, office bldg., etc.	n, 20f. (City or town)	(C	ounty) (State)
21. I certify that I attended the decease alive on 22. 19.5	7	/ 19 10, to 0	13		ast saw the deceased
ACTUAL SIGNATURE MANDENAGED	itech	M.O. Ra	ADDRESS (Street, gity		DATE SIGNE
PHYSICIAN'S NO B BERT-C	NIISCH	R	areg-1	tall n	rd'
220. BURIAL, CREMATION, 22b. DATE THEREOF  Sund Oct. 6/59	22c, NAME OF CEMETERY	capel line.	Theh Isa	y. town, or county)	a. (State)
23. FUNERAL DIRECTOR'S SIGNATURE	- Chisfuton	mel DATE DATE		Cully &	

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ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shaune be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be relayed to FUNERAL 3 shade

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Reg. Dist. No.

CERTIFICATE OF DEATH

1.	pLACE OF DEATH a. COUNTY			MA	RYLAND	2. <b>USU</b> A o. ST			ceased live	ed. If instituti b. COUNTY	on: Reside	nce befo	re admiss	ion)
_	kent .	(If autside corporate limit	write	c. LENGTH OF ST	AV INI 16	- (1	Mary			11-1414- B	Nen	<u> </u>		
	RURAL ond give		s, write			c. CI	TY OR TOWN (I	ir ourside	corporote	limits, write k	UKAL ond	give ne	arest town	)
	Ches	tertown		3 day	rs	X	Reck	Hal	1.	9.6-1				
	d. NAME OF HOSPI OR INSTITUTION	tTAL (If not in hospital, gi	ve street	address)		d. 5	REET ADDRESS						e. IS RES	FARM?
		Kent & Queer	'Ann	e's Hospi	tal		Cathol	Lic A	venu	e				NO XX
3.	NAME OF DECEASED	Firs	t	Mide	die		Last	4. D.		Mon	th	Do	y '	Year
	(Type or print)	Wilbu	r			Je	iner	DI	EATH	10		21		19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAR	RRIED	B. DATE C	F BIRTH		9. A	GE (In years	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.
	M	White	WIDOWE		CED []	1	3/15/188	te:		ost birthday) 77 yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work d	one 10b.	KIND OF BUSINESS	OR INDU		1-2	ate or fore	eign count	-	12.CIT	IZENOI	WHATC	OUNTRY?
		rking life, even if retired)		Seafood			Mana	rland	1			U.S		
13.	FATHER'S NAME	nan		peatood		14. MC	THER'S MAIDEN		4			0.0	•	
	Rober	rt Jeiner							'hema:					
	WAS DECEASED EV	ER IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY N	NO. 1	NFORMAN			Roc		ress # F	7	-	
/{Ye	es, no, or unknown)	(If yes, give war ar dates of se	rvice)		11.0	the ACCE	00116	10 Table 1				. W.	7	
_	No	ATH [Enter only one cau				spit	al Recor	ras		Chester	rtewn	, Ma	гуца	na
	Canditions, if a gave rise to couse (o), stating lying cause last	the under-		arcinema	ef pa	mere	ls					6	men	ths
CATION	PART II. OT	HER SIGNIFICANT CONE	OITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELA	TED TO THE TER	RMINALDI	ISEASE CO	NDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED?
CERTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CONTROL CAUSE OF DEATH AMEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter n	oture of injury i	in Part I o	or Port II o	of item 1B.)				
MEDICAL CERTIFICATION	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea	r 20d. It While at work	Not while of work			IJURY (Home, fo it, office bldg., e		. (City ar I	town)	(	(County)		(State)
220	21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		., 12	59 , and the	at death	M.D.	ed at <b>1:3</b> (	ADDRE	ram the iss (Street, PRT	causes and city or town,	d an th state) Mu Mary	e date	stated DAT	abave. E SIGNED
22	PORTAL	10/24/5	7	Weely	161	rape		//:	vere	TYTE	-	Chiar	Me	_
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS	11:0	2	24a. RE	OCT 2	8 59	24b. REGI	STRAR'S SI	JUN	KE .	

and 2 shauld be filed with ofter death. Page 4 e funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the haspital ar ottending physician. CTOR: After this certificate has been signed by the ottending physician and campletely filled in Pages 1 Then please remave carbon papers. the registror prior ta burial, cremation, or remavol, and in any event within 72 houn, after death. page 3 shauld be detoched far use as the buriol-transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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11490 CERTIFICATE OF DEATH Rea Dist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Kent MARYLAND Kent. b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn)
Chestertown Chestertown plus 25 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
ALL home — Campus Av d STREET ADDRESS e. IS RESIDENCE ON A FARM? Campus Ave. Campus Ave. YES NOW 3 NAME OF Middle 4. DATE First Month Day Year DECEASED Howard D. Knotts DEATH Oct. 2. 1959 (Type or print) 10 6. COLOR OR RACE 7. MARRIED CONEVER MARRIED 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH male 13. Months white Aug. WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Retired Salesman Tobarco Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chaffinch John Wesley Knotts Mary Frances Caffingle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Cambus Ave. Mrs. Susie Knotts no Chestertown, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Probable Coronary Thrombosis Cardia ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arrest DUE TO Possible Ventricular Fibrillation short Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?XX Found dead in bed and estimated 2 hours after death YES T NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Hour o. n. foctory, street, affice bldg., etc.) While Nat while at work at work 10/2 19 59 that I last saw the deceased 1956 21. I certify that I attended the deceased from. A.M. fram the causes and an the date stated above. \_\_, and that death accurred at 7\_\_ ADDRESS (Street, city or town, stote) DATE SIGNED Chestertown. Md. ACTUAL Robert W. Farr, M. D. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOYAL IS DECENT Hillsboro, Greenmount Cem. /59 Md. Chestertown, Mid. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE OC Cirching & Krous

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

11491 CERTIFICATE OF DEATH

11479 Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY Kent			MARYLA		a. STATE	aryla	ere deceased I	ived. If instituti b. COUNTY			nissian)
b. CITY OR TOWN (If autside RURAL and give nearest to Chestertown	wn)	write c. LEI	O vrs.	116	c. CITY OR T			te limits, write F	Orgne		wn)
d. NAME OF HOSPITAL (IF NO OR INSTITUTION Kent & Queer	ot in hospital, give	street address	s)		d. STREET A	DDRESS	Rural	ALCUL IVI	orgine	e. IS I	RESIDENCE A FARM?
		HOSPI								123	
	arles	G.	Middle		etry		4. DATE OF DEATH	Oct.	25, 19	959	Year
	7 1		NEVER MARRIED		ATE OF BIRTH			AGE (In years last birthday)		YEAR IF UN	IDER 24 HRS.
		IDOWED	DIVORCED	_ P -	n. 4,	188		of birthday) yrs.			
10a. USUAL OCCUPATION (Give during most of working life, FATMER	kind af wark dan even if retired)		of Business or I	INDUSTRY	404	rman		ntry)		en of wha eman	TCOUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S						
Carl P	etry				Anna	Sch	linger	zieper	J		
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, give	S. ARMED FORCES war or dates of service				RMANT y Per	ty -	Chest	Add		RFD	
18. CAUSE OF DEATH [En	CAUSED BY:	per line for	o), (b), and (c).] ARGNO	MA:	TOSIS					INTERVAL ONSET A	BETWEEN ND DEATH
151 X Canditians, if any, whi	DUE TO	C	ARCINO			510	MAC	H			
gave rise to immedia cause (a), stating the <u>under</u> lying couse last.	ite ( DUE TO										
PART II. OTHER SIGN  PART III. OTHER SIGN  OF CONTRIBUTING  OF CONTRIBUTIN	NIFICANT CONDIT	IONS CONTRI	BUTING TO DEATH	H BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE (	CONDITION GIV	VEN IN PART	PER	S AUTOPSY FORMED?
	SE OF DEATH	b. DESCRIBE H	HOW INJURY OCC	URRED. (E	inter noture at	injury in P	'art I ar Part II	l af item 18.)			
20c. TIME OF INJURY Mani Haur a. m. p. m.			OCCURRED 20 lot while twork		OF INJURY (F , street, affice			r tawn)	(Co	iunty)	(State)
21. I certify that I at alive an 10 - 73	tended the d		om. 10-2 , and that d		-	63				date stat	
ACTUAL SIGNATURE	1 ju	wa	race-	M.D.	<u> </u>	hest	erton	n, Ma	/ 	10/2	5/59
PHYSICIAN'S NAME (Type)	<u> </u>	0,0	ULBRA	~	CUIL	1. 0.					
TREMOVAL (Specify)	ct. 28,	1959	NAME OF CEMETE Chest					tertown			tate)
23. PUNERAL DIRECTOR'S GIGNA	TURE		hestert	own,	Md.		BY REGISTRA		STRAR'S SIGN		

La sate of the contract to the second And I would have a second to the second to t The state of the s The state of the s . The Company of the 

22c. NAME OF CEMETERY OR CREMATORY

Cemeterv

Golt, Kent Co.

9 '59

240. REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE

Onther & Kraus

Golt

ADDRESS.

Rea. Dist. No. Kent e. IS RESIDENCE YES NO THE Year Day 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH 104 WAS AUTOPSY PERFORMED2 YES NO D (Stole) (County) . 19 9 that I last saw the deceased DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Md.

TO HOSPITAL TO FUNER VS A15 (4)

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PHYSICIAN'S

NAME (Type)

BULLEHOVAL (Specify)

220. BURIAL, CREMATION, 226. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

Oct.7,1959

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  ARY ANA  b. COUNTY  Rev
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest 15wn)	c. CITY OR TOWN (If obtside corporate limits, write RURAL and give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  Kontand Incended the August Horpital	d. STREET ADDRESS  Utcle to war YES   NO
3. NAME OF DECEASED (Type or print) CIALA BIANCHE	Redding 4. DATE Month Day Year OF DEATH October 23 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 2 9. AGE (In years lost birthdoy)  August 12 1890 9. AGE (In years lif UNDER 14 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  home	Delaware U.S'A'
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ELIZA Thomas
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III  (Yes, no. or unknown) (If yes, give wor or dates of service) 20-12-1973	MARY Simmons, Dutilton Stillford, Nd
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last.  (c)	Unamboris Interval Between ONSET AND DEATH 5 ars
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 PL While Not while of work 19 of work 19	ctory, street, office bldg., etc.)
ACTUAL SIGNATURE acsick	n accurred at 82 P. M., from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. CLESTETOWNIME 10-27-5
PHYSICIAN'S NAME (Type) P. C. Diek	
220. BURIAL, CREMATION, REMOVAL (Specify) 10/25/59 2c. NAME OF CEMETERY O Still Pond	(colored)  2d. LOCATION (City, town, or county)  Still Pond, Md. (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Charles	Ma. PEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE OCT 2 7 '59  Outling & Known

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 O FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 mours effect death. TO HOSPITAL OR TO FUNERAL VS A15 (4) 15M 9/55

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by the hospital or attending physicion.

CTOSA After this certificate has been signed by the attending physician and completely filled in additionable of the second of the bound of the second of the bound of the b TO HOSPITAL OR ATTENDING PHYSICIAN: The law required by the hospital or attending physician.

TO FUNERAL CTOR: After this certificate has been signage 3 shourage detached for use as the burial-transit pithe registrar priar to burial, cremation, or removal, and it

VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	11002	CERTIFICA	AIL OI DEAI			Reg. Dist. No	
1. PLACE OF DEATH G. COUNTY Ken		MARYLAND	2. USUAL RESIDENCE (V o. STATE Mary		ed. If institution b. COUNTY	Residence before Kent	ore admission)
RURAL and give n		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RUR	RAL and give ne	arest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	oddress)	d. STREET ADDRESS	erton			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Fint Raymond	Middle Earle	Stone	4. DATE OF DEATH	Month	er 8	
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW	40.00	B. DATE OF BIRTH August 20	1891	GE (In years		IF UNDER 24 HRS. Hours Min.
Mainten	ON (Give kind of work done liking life, even if retired)	. KIND OF BUSINESS OR INDU Public School			γ)	U.S.	F WHAT COUNTRY
13. FATHER'S NAME Walt	er Henry Sto	ne	14. MOTHER'S MAIDEN Sarah	Ellen A	Ash		
1S. WAS DECEASED EVE [Yes. no. or unknown]	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	. SOCIAL SECURITY NO. 17. 1	Helen Stor	ne 137	Addres N. Gre	1/18	zareth,
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	DUE TO  pay, which (b)  mmediate the under	Anemia <i>(Pelau</i> Hodgkin's Dis Coronary Inst	sease	MINAL DISEASE CO	NOITION GIVE	2	years  years
20g. ACCIDENT WAR	aryinsu	SCRIBE HOW INJURY OCCUPRE					PERFORMED? YES NO
20c. TIME OF INJUR Hour o. gi. p. m.	While		ACE OF INJURY (Home, far ctory, street, office bldg., et	m. 20f. (City or t	own)	(County)	(State)
21. I certify the alive an	lorence Deri	sed from Mary 1059, and that death	m.D. [Works	-67%	e causes and	d an the da	DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREOF 10/11/59	22c. NAME OF CEMETERY O	r CREMATORY d Cemty	22d. LOCATION Still	(City, town, or	county)	(Stote)
23. FUNERAL DIRECTOR	rs signature	ADDRESS Still Pond	240. REC	TD BY REGISTRAR	24b. REGISTE		

		1149	3	CERTIFICA	ATE OF DEATI	-		Reg. D	ist. No		O'THE
1	. PLACE OF DEATH a. COUNTY Kent K	ent & Quee	n An	ne's Hospital	2. USUAL RESIDENCE (WI o. STATE Maryla		b. COUNTY	on: Reside		re admiss	ion)
	b. CITY OR TOWN (I	r outside corporote limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpo	rate limits, write R	URAL and	give ned	crest town	)
L	Cheste	rtown AL (if not in hospital, g		Life		Galen	2				
	OR INSTITUTION			ne's Hospital	d. STREET ADDRESS						FARM?
3	NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Mon	th	Do	y `	Year
	(Type or print)	Charle	8	Edward	Stradley	DEATH	10		19	1	19 59
5	s. sex M	6. COLOR OR RACE	7. MAR	RRIED NEVER MARRIED	8/13/1888		9. AGE (In years last birthdoy) 77 yrs.	Months Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
1	On. USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12.CI	TIZEN OF	WHATC	OUNTRY?
	Carpente			General Constru	ction Maryland	1			U.S.		
	3. FATHER'S NAME				14. MOTHER'S MAIDEN			. 11			4
	William Th	omas Strad	lev		Emma Red	rave					
1:	S. WAS DECEASED EVE		CES? 16	SOCIAL SECURITY NO.	NFORMANT		Add	ress			1/16
•	Yes	ir yes, give war or dales or s	2	18-07-3784 Mx	s. Fred Boyle	es	Galena,	Mar	vlan	d	
_	1	TH [Enter only one co	use per	ifte for (a), (b), and (a),		_	1		INT	ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	. (1	11.T. 181.00	ed ling 11	1	1		UN	SET AND	DEATH
CERTICICATION	Conditions, if a gave rise to it couse (a), stoling lying cause last.  PART II. OTH	the under-	)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	'EN IN PA	RT 1(o) 1	PERFO	RMED?
ACIDA	200 ACCIDENT WA	\$ LINDERIVING [7]	20h DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part Lor Part	I II of item 18 \			YES	NO
TOD	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DC.	SCRIBE 11044 INJURY OCCURRE	D. (Line) halore of injury in	roit i oi raii	i ii oi iieiii ib.,				
			ar 20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City	as towal		(Causta)		(Stote)
MEDICAL	Hour a.m.	19	While	f.	ctory, street, office bldg., etc	(City	or lown)		(County)		(5101e)
	21. I certify th	at Lattended the	decea	sed from [0]	19 10 /	0/19	13719	that I I	ast sav	v the d	eceased
	alive on/	0/19/59	. 19	and that death	accurred at 35	M. from	the causes an				
	1	1.11.	2.	44	015		treet, city or lown,			DAT	ESIGNED
	SIGNATURE K	1 clu	IN.	Jallura	M.D. PURY IS	all	My.		10	1191	59
	PHYSICIAN'S NAME (Type)								/	7	- 7
2	2a. BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	TION (City, town,	or county)		(State	91 /
1	BURIAL (Specify)	10/21/	54	GEORGETOWN	V. CFM.	GEORI	3FTOWN	KE-A	TC	. /	1/0
2:	3. FUNERAL DIRECTOR	SIGNATURE	min :	ADDRESS	24a. REC	D BY REGIST					
	Edu-	alline le		A.10. A.	WAY DATE	1 2 3 '5	9 Cin	Chun S.	Kray	A	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hau CTOR: After this certificate has been signed by the attending physician and campletely filled in Then please remave carbon papers. page 3 should be detached for use as the burial-transit permit. y the haspital ar attending physician. TO HOSPITAL OR TO FUNERAL B may be reta VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	TO PERSONAL PROPERTY.		